



# 2017 NYLT SUPPLEMENTAL INFORMATION FORM

## SEND OR DROP OFF FORM TO:

Tidewater Council, BSA, 1032 Heatherwood Dr., Virginia Beach, VA, 23455

OR Email to: Tom Sawyer, Course Director - [NYLT6958@gmail.com](mailto:NYLT6958@gmail.com)



**Please provide all information requested.** It is preferred that all information be TYPED.

Scout's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Scout Cell #: \_\_\_\_\_ Scout Email: \_\_\_\_\_

Favorite band: \_\_\_\_\_ Favorite song (from favorite band): \_\_\_\_\_

**Special Dietary Needs/Food Allergies:** \_\_\_\_\_

### Scout

On my honor as a scout, I will faithfully live and act in accordance with the Oath and Law while I am attending NYLT. I further promise to represent my unit with honor and promise to pass along the skills and knowledge to the other members of my unit and the world brotherhood of scouting when I return from NYLT. The information above is provided to the best of my knowledge. I have read and understand all information regarding NYLT participation and agree to comply with all requirements. I will arrive at Hope Haven on time (5:30pm) and will remain until formally dismissed by the Course Leader. **I further understand and recognize that I can be sent home if I do not follow these policies.**

**Scout Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(MM/DD/YY)

### Scoutmaster/Advisor/Skipper/Coach

First and Last Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

I affirm the Scout that I am nominating for NYLT is or will be at least 13 years old by March 17, 2017 and has the maturity to benefit from the course. The Scout is currently or has served in a senior leadership position or is expected to be doing so in the near future. He/she is proficient in camping and cooking skills, and if a Boy Scout has mastered all the skills required of a First Class Scout and has attained that rank. I am aware of all information regarding NYLT participation and will ensure my nominees and parents have been made aware and agree to comply with all requirements. Furthermore, I affirm this scout has or will have completed Introduction to Leadership Skills for Troops or Crews or Ships before March 17, 2017. I have reviewed the Scout's application and find the information to accurate and complete.

**Unit leader Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(MM/DD/YY)

### Parent/Guardian Authorization for Photo Release for Promotional Publications

Parent/Guardian First and Last Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

I/we understand that promotional pictures may be taken during camp activities. These promotional pieces may include camp brochures, videos, Tidewater Council publications, web sites, and slide shows. I/we authorize Tidewater Council NYLT, Boy Scouts of America Tidewater Council, and the National Council, Boy Scouts of America, to use photography or video images of said minor for future promotional and related program purposes. It is the policy of the Tidewater Council not to identify youth members by full name or address in any photographs, videos, or publications used.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(MM/DD/YY)

**NOTE: IF YOU ARE UNABLE TO REGISTER ONLINE AND YOU HAVE SPOKEN WITH THE COURSE DIRECTOR AND HE HAS AUTHORIZED YOU TO PAY WITH THIS FORM, SEND TO OR DROP IT OFF AT THE ADDRESS IN THE TITLE.**

**Cost:** \$210 prior to January 15, 2017; \$225 after January 15, 2017 and before February 9, 2017; and \$240 after February 9, 2017. *Financial assistance may be available to those with a bona fide need. Contact the Course Director for more information.*

### **OFFICE USE ONLY: (PLACE IN NYLT FOLDER AND PROVIDE COPY TO PAM VICKREY)**

Received by: \_\_\_\_\_ Check#: \_\_\_\_\_ Cash/Other: \_\_\_\_\_ Amount: \_\_\_\_\_

**NYLT ACCOUNT #:** [\*Before 12/31/2016 = **SW-62160** \*\*After 01/01/2017 = **SW-6216F**]